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Statement of Recipient Cor				Date Stamp	CALIFO	RNIA A A
Statement Type					F05	STATEMENT A DEAL OF THE DESCRIPTION OF THE PROPERTY OF THE PRO
statement type	☑ Initial	Amendment	☐ Termination — See Part 5		į.	r Official Use Only
	Not yet qualified  or	Ust I.D. number:	List I.D. number:	City Clerk's		
		#1387731	## Activities of the control of the	1		Car
	And the second s	ACCUPATION ASSESSMENT AND ASSESSMENT ASSESSM		AUG 0 5 2	U16	
	Date qualified as committee	Date qualified as confinittee (If applicable)	Date of Termination	RECEN	Æ	
1. Committee II	nformation		2. Treasurer and (	Other Principal Offic	1	
VOLTAIRE X	MONTEMAYOR FO	R MILPITAS CITVA	NAME OF TREASURER  AND 2016 FACED	PILALOTTINE I	A Ada com ser	8:100 to
STREET ADDRESS (NO P.C	D. BOX)	Annual property and the second	STREET ADDRESS (NO P.O. BO)	H VOLTAIRE U	". MONTENO	AYOR JR.
669 PENI	ITENCIA STREE		669	PENITENCIA	STREET	
MILP/TAS	STATE G	The second of the second	HONE CITY	PENITENCIA STE	ATE ZIF CODE	AREA CODE/PHONE
MAILING ADDRESS (IF DI		5035 408946	Street Street	1/TAS CA	95035	4089469364
· · · · · · · · · · · · · · · · · · ·	T FORM !		NAME OF ASSISTANT TREASUR	RER, IF ANY	Н-Сент-Сентинов (-	The state of the s
FAX / E-MAIL ADDRESS	de y production de les plans de la company de la production de la company de la compan		STREET ADDRESS (NO P.O. BOX	K)		大學 (1985) · · · · · · · · · · · · · · · · · · ·
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SAHTA CL	A Z Å	RE COMMITTEE IS ACTIVE	CITY CITY	AT?	NTE ZIP CODE	AREA CODE/PHONE
211/1/4- 02	-141.4.2					
			NAME OF PRINCIPAL OFFICER(	(S) S R R O N ( THE Y	* 43100	Complete in adjustment and many of the constraint of the constraint of the constraint of appears, present
Attach additional	information on appropriatel	alabalad santinustics story	STREET ADDRESS (NO P.O. BOX	O-MONIEN	VIYUK	
	mjormation on appropriater	r iubeied continuation sneet	669 PEN	S-MONTEN OITENCIA STA S, CA	reet	
			CITY	STA	NE ZIP CODE	AREA CODE/PHONE
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3. Verification						
penalty of perjui	ry under the laws of the Stat	ring this statement and to the of California.	e best of my knowledge the inform	nation contained herein i	s true and complete.	I certify under
	7-13-16 By	CO GUATOS MACHIE IOTES	oung is true and correct.			
- Assemble of the second	DATE	12-7	SIGNATURE OF TREASURER OR ASSISTANT TREAS	THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O	ттория м. М. Вако Антана поряду — Сориго прида	
Executed on	7-13-16 By	taltonin S. 1	attina	, contra		
Funnitud	JATE	SIGNATURE C	F CONTROLLING OFFICEHO DER, CANDIDATE, OR STAT	E MEASURE PROPONENT	and the state of t	
Executed on	DATE	SIGNATURE	F CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE	учин дам ман шандар 41 мгн. унгариан үн бүйгийн тамуу 10 мгн он 10 мгн	William Control of the Control of th	
Executed on	Ву	STATUTE OF	COM ROLLING OFFICEHUEDER, CANDIDATE, OR STATI	E MEASURE PROPONENT	- TTO AND	
	DATE	SIGNATURE O	OF CONTROLLING DESICEHOLDER CANDIDATE OF STAT		Martin and the state of the sta	

Statement of Organization Recipient Committee				CALIFORNIA 410
INSTRUCTIONS ON REVERSE				Page 2
COMMITTEE NAME VOLTAIRE MONTEMAYOR FOR	MIL	PITAS CITY MAYOR	20/6	I.D. NUMBER
All committees must list the financial institution where the campaign b	ank accour	nt is located.		
NAME OF FINANCIAL INSTITUTION WELLS FORGO BANK, N.A.		08-586-7682		
1 S. Milpitas Blvd., Milpitau, CA	city . 99	57.35		
4. Type of Committee (Complete the applicable sections:  Controlled Committee				
• List the name of each controlling officeholder, candidate, or state district number, if any, and the year of the election.	measure	proponent. If candidate or officeholde	r controlled, also list the	elective office sought or held, and
List the political party with which each officeholder or candidate it.	is affiliated	d or check "nonpartisan."		
• If this committee acts jointly with another controlled committee,	list the na	me and identification number of the ot	her controlled committee	2.
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECT	
VOLTAIRE S. MONTEMAYOR	C	IAYOR		Nonpartisan
				Nonpartisan
Primarily Formed Committee Primarily formed to support or op	opose spec	cific candidates or measures in a single	election. List below:	
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LET	TER)	CANDIDÀTE(S) OFFICE SOUGHT OR (INCLUDE DISTRICT NO., CIT	HELD OR MEASURE(S) JURISDICT / OR COUNTY, AS APPLICABLE)	ION CHECK ONE
				SUPPORT OPPOSE